



Public Records Request Form

Date of Request:

To be Completed by ADHS Employee Processing Request

Employee Processing Request:	
Name:	Phone Number:
ADHS Division/Bureau/Office or Program Providing Records:	

To be Completed by Requesting Party

Individual Requesting:	If applicable, name of agency, company, department, etc. requesting records:
Records requested to be copied or reproduced (specifically identify):	
These records are to be used for the following purpose(s):	
Will the records be used for commercial purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Date

I, _____, do hereby certify that _____
(name of notary) (name of requesting party)

personally appeared before me and affirmed the contents of the above request. In witness
whereof, I have signed and affixed my official seal this _____ day of _____,
_____.

Signature

Notary Public in and for the County of _____, State
of _____.

My commission expires on the _____ day of _____,
_____.

Estimated net monetary gain expected from the use of these records will be as follows (if applicable):	\$
Cost to the State for obtaining the original document or information contained in the document:	\$
Value of reproduction on the commercial market, if known, or an estimated value, if not known:	\$
<p>In the program's opinion, is the proposed purpose a misuse of the record or abuse of the right to receive the record? If so explain below:</p>	